was no return of hemorrhage; and after waiting some hours, delivery was effected by version. The mother did well.—*Lancet,* March 14th, 1846.

62. *Intra-Uterine Perforation of Placenta.* By Thomas Taylor, Esq.—I was called yesterday morning, at four o'clock, to attend a young married woman in labour of her first child. The membranes had ruptured at four o'clock of the previous morning, but she suffered no pain until two hours before I saw her. On entering the room, I found her pains strong and effective; and on making an examination, I found a footling case with the breech in the pelvis. The pains becoming strong and expulsive, without a corresponding advance of the child, I brought down the presenting right foot, but was unable at that time to reach the other, the leg being in a position parallel with the body of the infant. The breech having been protruded, I again attempted to deliver the left leg, but on passing up my finger for that purpose, I found apparently a strong ligament, very tense, attached immediately below the knee, and which kept the limb in the position it was in, and incapable of being delivered; the arms, however, were easily brought down, and in a few minutes delivery took place, and with it the placenta: the child was still-born. On examination the placenta, which was lying on the chest of the infant, was discovered to be pierced by the right arm and left leg, the part round the leg being so firmly bound round it as to have destroyed the skin and cellular membrane by absorption; the calf of the leg was much swollen by the pressure during labour. There was no hemorrhage; on the contrary, the discharge was less than usual. The child was small, and about three weeks before its time. The mother is doing well.—*Prov. Med. and Surg. Journ.,* Jan. 7th, 1846.

63. *Retained Placenta.*—In a highly useful series of papers (published in the *Med. Times,*) upon the mechanism of uterine action, Dr. Clay, of Manchester, calls the attention of the reader to certain peculiarities in the manner in which the opposite portions of the uterus contract, in order to point out the best method of inducing expulsion of the placenta when that event does not readily take place. He shows that the two classes of uterine fibres, the longitudinal and the transverse, are essentially different in their action, and are excited by different causes, the longitudinal only being expulsive, the transverse having a dilating action. The exciting cause of the former class of muscular fibres he states to be irritation by pressure of the upper part of the vagina, and he therefore advises that, in retained placenta, the closed fist should be introduced, and pressure be made in imitation of that caused by the child's head. He gives an instance in which hour-glass contraction, a condition which is produced by inordinate action of the transverse fibres was thus overcome and the placenta liberated. The occasional retention of the placenta from its partial implantation in the Fallopian tube is commented upon by Dr. Payan.—*Ranking's Abstract.*

MISCELLANEOUS.

64. *The Plague and Quarantine Question.*—Some time since the French Academy of Medicine appointed a committee for the purpose of investigating the question of the plague, and the advantages of quarantine. M. Prus, in March last, made an interesting report on behalf of that committee, to the Academy. The following are the practical conclusions:—

The sanatary measures necessary to the security of France might be classed under five heads:—1. Indications of the countries from which the plague may be imported; 2. Precautions to be taken by ships leaving such countries; 3. Rules to be observed during their passage home; 4. Precautions to be taken on their arrival in French ports; 5. Measures to be adopted in case of the outbreak of the plague in France.

Sec. 1.—The countries from which the plague may be imported are Egypt, Syria, and Turkey in Europe and in Asia. The regencies of Tripoli and Tunis, and the empire of Morocco, must also be attentively watched. It is not necessary that the sanatary precautions should be equally rigorous at all times of the year.

Thus the fear of importation of the plague from Egypt into France may be almost altogether abandoned from the 1st of July to the beginning of November, experience having proved that the Egyptian epidemics have always broken out between November and February, and have always been arrested before the end of the month of June.

Sec. 2.—It is evident that those lands from which danger may be apprehended should be submitted to constant medical observation. For that purpose French physicians shall be appointed to reside in the various countries in which their presence may be judged necessary. Their duty shall be to visit the ships in port, to return official information to government of the sanatary condition of the country, and to collect as many documents as possible relative to the plague. The above-named medical officers shall deliver a foul bill of health when a pestilential epidemic shall exist in their residence. For all other cases the certificate delivered to the captain shall be a clean bill of health. The physician shall not only mention in the bill the sanatary state of the port from which the ship sails. but he shall, moreover, go on board, examine the passengers and seamen, and the hygienic conditions of the vessel; all which operations shall take place on the day previous to, or the very day of weighing anchor. The permission hitherto granted to captains not to sail for six days after the delivery of the bill of health, renders that certificate perfectly nugatory. If it were true, as the researches of the commission appear to show, that the clothes and goods of pestilential subjects cannot communicate the disorder, it is evident that no peculiar measures need be adopted relative to them; but the commission is of opinion that in this matter it is best to act with due circumspection provisionally, and until further experiments have proved the innoxious nature of contaminated goods, they shall be ventilated during their passage home; or the trunks containing the clothes and linen of the passengers and crew shall be lead-lapped at the departure of the ship, and opened only in a French lazaretto.

Sect. 3.—All ships of the royal navy, and all the mail packets coming from the Levant, shall have a physician on board, whose duty it shall be to keep a correct and circumstantial account of the sanatary condition of all persons on board; a special instruction containing the signs of the plague, its treatment, the measures best calculated to prevent the formation of centres of infection, &c., shall be placed by government in the hands of the captains of the ships unprovided with a physician.

Sect. 4.—On arrival in a French port, the bill of health and the diary of the physician shall be sent on shore and carefully examined by the medical officer of the port, who shall go on board, examine the crew, the passengers, and the ship, and report on their condition. The duration of the quarantine shall then be fixed by the competent authorities, after the examination of the bill of health, the diary, and the report. When the bill of health shall be a *clean* bill, and when the plague shall not have broken out during the passage, the quarantine shall last ten days from the date of departure. If the bill of health be a *foul* bill, the quarantine shall last fifteen days. The above regulations are applicable to the ships provided with a physician; all other ships furnished with a clean bill, and not attacked with the plague during the passage, shall undergo a quarantine of ten days from the date of arrival. The quarantine shall last fifteen days for the same ships, free from disease during the journey, but possessing only a foul bill, and the goods shall besides be landed. Any ship, whatever may be the nature of the bill of health, attacked at sea with the plague, or having on board at the time of arrival a patient affected with a complaint of a suspicious nature, shall undergo a quarantine, the duration of which shall be regulated by the sanatary authorities of the port. The crew and passengers of such ship to be confined in the lazaretto, for a period not exceeding twenty days, but not less than fifteen. The goods shall be landed and ventilated, the ship shall be cleaned, and must remain empty for one month at least; it shall be expressly forbidden to sailors, guards, &c., to go on board.

Sect. 5.—The patients affected with the plague have been hitherto treated in the lazaretto in a most unscientific and barbarous manner. The physician is forbidden to approach nearer than within twelve metres of his patient—a prohibition which the committee hopes in future will be raised. Other regulations, more in harmony with the rights of the patients and the feelings and habits of the physicians, must take the place of those rules hitherto in vigour, and which can no longer be permitted to exist. The commission proposes that all persons affected with plague, and received in a French lazaretto, shall be attended with the same care as the patients of our best hospitals. In case of death the bodies shall be dissected, and the minutes of the autopsy shall be signed by all present.

Sect. 6.—Should the plague accidentally break out in a French city, the patient shall be removed from the house of infection to a distant and well-ventilated place, where he shall receive the care he requires. The other inhabitants of the same house shall also be sent to another residence, where they shall be kept under the observation of a physician. The evacuated house shall be cleaned, and remain empty for the space of one month at least. Should several dwelling-houses be attacked, they shall be all treated in the same manner. The principle would remain the same if entire cities were attacked, and the measures above mentioned should be carried out with the utmost degree of severity.

65. *Removal of Carbonic Acid from Wells and Cellars.*—The plan for removing carbonic acid where it is collected in such quantity as to endanger life, has hitherto consisted either in placing in the locality, vessels containing a quantity of slacked lime, mixed with water, or in causing a current of air to traverse the place where the gas is collected. The first process is slow, and the second not always practicable. M. Faucille has lately suggested an ingenious plan for entirely getting rid of this noxious gas. In sinking a well at Vichy, he found that the carbonic acid was evolved in such quantity that the works could with difficulty be carried on. All the usual means for expelling the gas were employed, including free ventilation, and the use of copious shower-baths, without success. M. Faucille then fixed upon the edge of the well a small boiler, of the form of the ancient Eoliplie, the tube from which was made sufficiently long to reach to the bottom of the excavation. This apparatus, it is well known, acts simply by producing a powerful steam blast. At first the vapour which issued was opaque, but it soon became transparent, and in about thirty minutes the well was so completely cleared of carbonic acid that the works could be resumed. The apparatus was employed until the well was completed. M. Faucille has also used this machine for removing the vapours of sulphuretted hydrogen gas; and it is obvious that it may be easily and safely employed for expeditiously removing noxious gases from drains, sewers, shafts of mines, and other excavations.

If a steam engine were at hand a blast of steam carried from this into the vitiated atmosphere would equally answer the purpose. The Eolipile is nothing more than a portable steam boiler.—*Lond. Med. Gaz.*, May, 1846.

66. *New Sign of Death.*—M. Ripault has lately directed the attention of the Academy of Sciences to a new sign of death. This is, *perfect flaccidity of the iris* when the globe of the eye is compressed in two opposite directions. If the individual be living, the pupil retains its circular form, notwithstanding the compression. If dead, the aperture becomes irregular, and the circular form is lost.—*Ibid.*